



Weslo Housing Management Transfer Application Form

Tenant/Joint Tenant's details

Name _____

Address _____

Postcode _____

Telephone Number _____ Mobile Number(s) _____

E-mail _____

FOR OFFICE USE ONLY

APPLICATION NUMBER _____

Date & Time Received _____ Acknowledged

1st House Inspection Date _____ Completed By _____

2nd House Inspection Date _____ Completed By _____

House Inspection Successful * _____ Rent Account * _____

House & Garden * _____ Anti-Social * _____

Property Size & Type

SD ET MT 4INABU 4INABL FLAT FLOOR _____ APT SIZE 1 2 3 4 5

COMMUNAL ACCESS YES NO

*Tick to indicate there are no issues

Members of your household (please give details of everyone else who will reside in the house including any parental access):

First Name	Surname	Relationship to you	Date of birth

(If a baby is due give expected date of birth)

Please tick your current house type :

Semi Detached	<input type="checkbox"/>	End Terraced	<input type="checkbox"/>	Mid Terraced	<input type="checkbox"/>
4-in-a-block	<input type="checkbox"/>	Flat	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>

If flat, do you have communal Access: Yes No

Please tick current number of bedrooms:

One Bedroom	<input type="checkbox"/>	Two Bedroom	<input type="checkbox"/>	Three Bedroom	<input type="checkbox"/>
Four Bedroom	<input type="checkbox"/>				

Please enter tick the box/es which best describe your reason for applying for a transfer:

1. Medical Grounds	<input type="checkbox"/>	8. To move to another community	<input type="checkbox"/>
2. Present accommodation too small	<input type="checkbox"/>	9. Domestic abuse	<input type="checkbox"/>
3. If accommodation is too small, do you share facilities eg. toilet, kitchen	<input type="checkbox"/>	10. To escape harassment	<input type="checkbox"/>
4. Present accommodation too large	<input type="checkbox"/>	11. Breakdown of marriage/relationship	<input type="checkbox"/>
5. To give family support	<input type="checkbox"/>	12. Forced to live apart from partner/family	<input type="checkbox"/>
6. To receive family support	<input type="checkbox"/>		
7. To change type of house	<input type="checkbox"/>		

Under the Equality Act 2010, a person has a disability if:

- They have a physical or mental impairment;
- The impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities.

Do you consider yourself to be disabled as defined above?	YES	NO
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If you answered YES, please indicate the type of impairment which applies to you below.

Physical Impairment <i>(such as difficulty using your arms or legs or mobility issues which mean using a wheelchair or crutches)</i>	YES	NO
Sensory Impairment <i>(such as being blind/having a serious visual impairment or being deaf/having a serious hearing impairment)</i>	YES	NO
Mental Health Condition <i>(such as depression, dementia or schizophrenia)</i>	YES	NO
Learning Disability/Difficulty or Cognitive Impairment <i>(such as dyslexia) (such as autism)</i>	YES	NO
Long Standing Illness or Health Condition <i>(such as cancer, HIV, diabetes, chronic heart disease, epilepsy)</i>	YES	NO

If you or a member of your household suffers from a medical condition that makes your current accommodation unsuitable, please give the details below. As part of the transfer application process we may request that you provide supporting evidence from your GP or Occupational Therapist.

Please indicate your ethnicity by ticking the relevant box(s):

White Scottish	<input type="checkbox"/>	Asian Scottish	<input type="checkbox"/>
White other British	<input type="checkbox"/>	Asian other British	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White Gypsy/traveler	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White Polish	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Any other white background	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black Scottish	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>
Black British	<input type="checkbox"/>	Arab	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	Arab Scottish	<input type="checkbox"/>
African	<input type="checkbox"/>	Arab British	<input type="checkbox"/>
Any other black background	<input type="checkbox"/>	Any other group	<input type="checkbox"/>
Mixed or multiple ethnic background	<input type="checkbox"/>	Unknown	<input type="checkbox"/>

Please tick a maximum of two boxes to indicate what size of house you would consider transfer to:

One Bedroom Two Bedroom Three Bedroom
 Four Bedroom

Please tick one or more boxes to indicate what house type you would accept:

Semi Detached End Terraced Mid Terraced
 4-in-a-block Flat Bungalow

Please tick below which Weslo estate(s) you would consider:

<u>Addiewell</u>	<input type="checkbox"/>	<u>Edinburgh Area</u>		<u>Polbeth</u>	
		- Newbridge	<input type="checkbox"/>	- Chapelton	<input type="checkbox"/>
<u>Addiebrownhill</u>	<input type="checkbox"/>	- Ratho	<input type="checkbox"/>	- Polbeth	<input type="checkbox"/>
<u>Armadale:</u>		<u>Falkirk Area</u>		<u>Pumpherstoun</u>	<input type="checkbox"/>
- Avondale	<input type="checkbox"/>	- Airth	<input type="checkbox"/>		
- Barbauchlaw	<input type="checkbox"/>	- Bainsford	<input type="checkbox"/>	<u>South Lanarkshire Area</u>	
- Station Road	<input type="checkbox"/>	- Camelon	<input type="checkbox"/>	- Carluke	<input type="checkbox"/>
		- Denny	<input type="checkbox"/>	- Forth	<input type="checkbox"/>
<u>Bathgate</u>		- Thombridge Court	<input type="checkbox"/>	- Hamilton	<input type="checkbox"/>
- Belvedere	<input type="checkbox"/>	- Grangemouth	<input type="checkbox"/>	- Lanark	<input type="checkbox"/>
- Dalling Avenue	<input type="checkbox"/>	- Polmont	<input type="checkbox"/>	- Law	<input type="checkbox"/>
- Edward Avenue	<input type="checkbox"/>				
- Falside	<input type="checkbox"/>	<u>Fauldhouse</u>		<u>Stoneyburn</u>	<input type="checkbox"/>
- Kirkton	<input type="checkbox"/>	- Crofthead	<input type="checkbox"/>		
- Race Road	<input type="checkbox"/>	- Sheephousehill	<input type="checkbox"/>	<u>Uphall</u>	
- Whiteside	<input type="checkbox"/>	- West End	<input type="checkbox"/>	- Carledubs	<input type="checkbox"/>
<u>Blackburn</u>	<input type="checkbox"/>			- Crossgreen	<input type="checkbox"/>
		<u>Kirknewton</u>	<input type="checkbox"/>	- Loaninghill	<input type="checkbox"/>
<u>Bo'ness</u>		<u>Linlithgow</u>	<input type="checkbox"/>	- Wyndford	<input type="checkbox"/>
- Bo'mains East	<input type="checkbox"/>				
- Bo'mains North	<input type="checkbox"/>	<u>Livingston</u>		<u>West Calder</u>	<input type="checkbox"/>
- Bo'mains South	<input type="checkbox"/>	- Dedridge	<input type="checkbox"/>		
- Grahamsdyke	<input type="checkbox"/>	- Ladywell	<input type="checkbox"/>	<u>Whitburn</u>	
- Kinneil	<input type="checkbox"/>	- Livingston Station	<input type="checkbox"/>	- Academy View	<input type="checkbox"/>
- Maidenpark	<input type="checkbox"/>			- Blaeberryhill	<input type="checkbox"/>
- Newtown	<input type="checkbox"/>	<u>Mid Calder</u>	<input type="checkbox"/>	- Manse Avenue	<input type="checkbox"/>
- Town Centre	<input type="checkbox"/>			- Murraysgate	<input type="checkbox"/>
- Westway Apartments	<input type="checkbox"/>	<u>North Lanarkshire Area</u>		- Whitedalehead	<input type="checkbox"/>
		- Airdrie	<input type="checkbox"/>	<u>Winchburgh</u>	<input type="checkbox"/>
<u>Broxburn</u>		- Coatbridge	<input type="checkbox"/>		
- Fivestanks	<input type="checkbox"/>	- Shotts	<input type="checkbox"/>		
- Kirkhill & Kirkhill Greenfield	<input type="checkbox"/>	- Wishaw	<input type="checkbox"/>		
<u>East Calder</u>	<input type="checkbox"/>				

If you have any special requirements or additional information that you wish to let us know about please write the details here:

You will not be considered for a transfer if:

- You have rent arrears or where an arrangement to clear the debt has not been maintained for at least three months.
- Your house and or garden are in an unsatisfactory condition.
- There is evidence of serious anti-social behaviour.

Declaration

I declare that all information given by me/us is true. If I/we supply any false information or withhold any information my/our application may be cancelled.

Signed by Tenant

Signed by Tenant

Please return this form to:

Weslo Housing Management
66 North Bridge Street
BATHGATE
West Lothian
EH48 4PP

Tel: 01506 634060
Fax: 01506 639122

Weslo Housing Management
15 North Street
BO'NESS
West Lothian
EH51 0AQ

Tel: 01506 639100
Fax: 01506 822511

www.weslo-housing.org